

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1948

Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3076

State File No.

35384

Registrar's No.

170

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution many years (Specify whether years, months or days)

3. (a) PRINT FULL NAME PHILIP HOFMANN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Hofmann 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Dec 8 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 12 If less than one year hr. min.

9. Birthplace Stanton Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business

12. Name John Philip Hofmann

13. Birthplace Bavaria Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Margaret Scher

15. Birthplace Escherville Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Hofmann

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 10 22 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen Hays

(b) Address Nevada, Mo.

19. (a) 10-21-48 (b) Halpern Yancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 313 N. Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1948 hour 8 minute A M.

21. I hereby certify that I attended the deceased from May 1, 1948, to Oct. 20, 1948.
that I last saw him alive on Oct. 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to ✓

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy after

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. B. Davis Jr. (M. D. or other)

Address Halker Mo Date signed 10 21 48

RECEIVED

District Health Officer No. 74

District File Number 9-48-1257

Date Filed 10-12-48

MAY 3 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Bert B. Bennett, Registered Apprentice No. 82
working under my personal supervision.

Signed Allen T. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.